

SAFETY, HEALTH, AND ENVIRONMENTAL MANAGEMENT PROTOCOL FOR FIELD ACTIVITIES

U.S. Environmental Protection Agency
Research Triangle Park, North Carolina

PURPOSE

To ensure adequate review of safety issues and equipment to identify potential hazards and to verify establishment of contact with facility safety representative(s).

This protocol assumes that EPA personnel and their representatives will perform their facility visit escorted by a facility representative. This representative will be cognizant of the facility safety and emergency procedures, will provide to the EPA staff and representatives information on the essential facility safety and emergency procedures, and will remain with the EPA team while on site.

PART I. PROJECT INFORMATION

Project Title:

Dates/Duration of Field Activity:

Principal Investigator (PI):

Laboratory, Division, Branch:

Phone: Office:

Site (or Cell):

Field Site Name/Address:

Site Type:

(i.e., manufacturing plant, roadside, woods, contamination cleanup site, lake, etc.)

OMIS Task # (if applicable):

OMIS Title (if applicable):

National Environmental Policy Act (NEPA) Requirements

Will the project encounter / impact endangered species (plants / animals)? ☐ Yes ☐ No

Will the project encounter / impact any historic sites (burial grounds, monuments, etc.)? ☐ Yes ☐ No

Will the project involve drilling, soil samples, or any soil impact? ☐ Yes ☐ No

Will the project involve any potential uncontrolled impacts to water / air and/or discharges approaching regulatory limits?

☐ Yes ☐ No

NOTE: If YES to any of the above, please contact your Division NEPA Officer to conduct a review prior to approval.

PI Signature:

(Principal Investigator must be an EPA employee)

Date:

APPROVALS

Branch Chief:

Date:

(Obtain signatures above prior to sending to the ORD SHEM Office (MD-D343-02 or archer.john@epa.gov)

ORD SHEM Office:

Date:

PART II. PROJECT INFORMATION

A. Detailed Study Description (Research or Monitoring Protocol should be attached if applicable):

B. Personnel (List EPA personnel only)

NOTE: Each signatory certifies the statement below:

"I have reviewed this Safety Health and Environmental Management Protocol for Field Activities and agree to comply with all procedures and protective measures outlined in the protocol."

| Name | Signature | *Medical Monitoring | *Field Activity Training | *First Aid | *AED / CPR | *HAZWOPER |
|------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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**Indicate if personnel are: 1) Participants in the Occupational Medical Surveillance (Medical Monitoring) Program and 2) Up-to-date in Field Activity Safety Training and/or any other training.
If no, provide explanation in Comments section below.*

Comments

C. Location(s) where work will be conducted (include site name and address)

Site Name:

Address:

Is this site a remote location ☐ or an urban setting ☐?

If site is in a remote location, include a map and global positioning system or longitude/latitude coordinates.

Is this site domestic ☐ or international ☐?

If site is international, complete Part 5 of this form.

Identify the type(s) of environments the study will be conducted in:

- ☐ Mobile Laboratory
- ☐ Non-EPA Laboratory
- ☐ Terrestrial Ecology
- ☐ Aquatic Ecology
- ☐ Industrial Site
- ☐ Other

D. Contact Personnel for Field Site

Contact Name:

Title:

Phone #:

E. Government Vehicle to be Taken? ☐ Yes ☐ No

If yes, First Aid Kit? ☐ Yes ☐ No

Fire Extinguisher? ☐ Yes ☐ No

Other Supplies? ☐ Yes ☐ No If yes, list:

F. Copies of Forms (Motor Vehicle Accident, Injury/Illness) Available? ☐ Yes ☐ No

PART III. HAZARD INFORMATION

A. Potential Hazards Encountered during Field Study

| Task | Hazard Category | Hazard | Controls | PPE |
|------|-----------------|-----------------|-----------------|-------|
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |

| Task | Hazard Category | Hazard | Controls | PPE |
|------|-----------------|-----------------|-----------------|-------|
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |
| | Choose an item. | Choose an item. | Choose an item. | Hand |
| | | | | Body |
| | | | | Eye |
| | | | | Other |

* When respirator is checked, personnel using respirators must have been properly trained and fitted for the respirator within the past twelve months. Individuals using a respirator must be enrolled in the Respiratory Protection Program to remain eligible to wear respiratory protection equipment of any kind.

1. Identify any locations on the site that EPA personnel are restricted from entering. (Note: Employees are not authorized to enter confined spaces.)

2. Identify any pre-field visit vaccinations that are necessary.

- ☐ Tetanus
☐ Hepatitis A (wastewater)
☐ Hepatitis B (blood, body fluids)
☐ Other
☐ None required

3. Describe the level of physical exertion required:

- ☐ Low (Office work)
☐ Moderate (Frequent walking)
☐ High (Frequent climbing, lifting)

B. Toxicity of Materials to be Used

1. Will any chemical materials be used that are considered hazardous agents by the ORD SHEM Office?

A hazardous agent, as defined by the ORD SHEM Office, a hazardous agent exhibits one or more of these characteristics:

- Has an LD50 (oral, rat) < 50 mg/kg body weight
- Has an inhalation LC50 toxicity (rat) < 2 mg/liter or < 200 ppm
- Has a dermal LD50 toxicity (rabbit) < 200 mg/kg
- Has an occupational exposure limit (OSHA, NIOSH or ACGIH) ≤ 1 ppm
- Causes teratogenic or mutagenic effects (in humans or animals)
- Is an infectious biological agent (as defined by CDC and/or NIH)
- Is an explosive or violently reactive agent (shock sensitive, peroxide forming, and/or incompatible with moisture/air)
- Is a sensitizing agent
- Nanoparticle research involving the use or manufacture of particles (Bucky balls, nano tubes, quantum dots, etc.) that is not contained in solution and/or with the possibility of airborne exposure.
- Is an agent whose toxicological characteristics are unknown, but it is suspected of meeting one of the above criteria

*EXCEPTION: Standards ordered from vendors in sealed vials or ampoules that are used directly in laboratory instrumentation are exempt even if they meet the above criteria.

☐ Yes ☐ No If yes, List in the table below:

C. Hazardous Agent(s):

Provide the following information for any hazardous agent that will be taken into the field by EPA personnel.

| *Chemical Name | CAS No. | Physical Form | Quantity Taken in Field | Condition / Method of Storage and Transport | DOT Labeling Requirements (Contact ORD SHEM Office for assistance at 1-2613) |
|----------------|---------|-----------------|-------------------------|---|--|
| | | Choose an item. | | | |
| | | Choose an item. | | | |
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| | | Choose an item. | | | |
| | | Choose an item. | | | |

***Attach a copy of Material Safety Data Sheet (MSDS) for each chemical listed above, or a copy of information found in NIOSH Registry of Toxic Effects of Chemical Substances**

D. Hazardous Waste Disposal

(Fill out the following information only if you are taking materials into the field and anticipate generating waste materials that must be returned to an EPA facility.)

| Type of Waste Generated | Waste Volume | Time Period (e.g., weekly solvent waste) | Any unused stock? (yes or no) | If unused stock, will it be <u>kept</u> on site or <u>disposed of</u> ? |
|-------------------------|--------------|--|-------------------------------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART IV. EMERGENCY PROCEDURES

This information must be coordinated with representatives from the field site. This refers to the emergency procedures dictated by the site personnel.

A. In the event of an accident or chemical/biological spill:

1. Describe procedures in event of personal exposure (inhalation, ingestion, inoculation, asphyxiates, flammables, corrosives, etc.):

2. Describe plans for containment to prevent spread of the agent from the immediate area, decontamination procedures and monitoring methods to assure decontamination.

3. Describe the procedures for emergency evacuation of the facility.

B. In the event of a medical emergency:

1. Emergency phone number (Is 911 available or does facility have its own medical emergency number)?
2. Is response by EMS available? ☐ Yes ☐ No
3. Include the hospital name, address, phone number **and** location relative to the site **if EMS crew will not be available** to provide emergency transportation.
Hospital:
Address:
Phone #:

*Please attach (copy and paste) map or directions for first response hospital closest to site:

4. Is first response hospital equipped to handle:
☐ Burns?
☐ Chemical splashes (skin, eye, respiratory)?
☐ Chemical burns?
☐ Severe trauma?
☐ Insect stings, bites, etc.

If the answer to any of the above is no, designate an alternate facility that can handle these types of injuries.

Hospital:
Address:
Phone #:

PART V. INTERNATIONAL FIELD PROJECTS (complete if applicable)

A. Embassy Contact Names and Numbers

Contact Name:

Address:

Phone #:

Fax #:

Office of International Affairs

Trip Information:

Date/Time of departure:

Date/Time of arrival at destination:

Transportation Information:

Method of travel (List relevant travel numbers, etc.)

☐ Airplane:

☐ Boat:

☐ Bus:

☐ Train:

☐ Other:

Hotel Information:

Hotel Name:

Phone #:

Nights of stay:

B. Satellite Phones

Will you have access to a satellite telephone? ☐ Yes ☐ No

If yes, telephone number:

C. International Insurance

Do you have international travel insurance? ☐ Yes ☐ No

If yes, please list providers name, address, and phone number.

Provider Name:

Address:

Phone #:

D. State Department Web Site

Please refer to the U.S. State Department website (www.state.gov) for information on travel warnings and advisories, emergencies abroad, and health advisories. Are there any recommended vaccines that are necessary?

☐ Yes ☐ No If yes, list vaccine(s) below.